DOCUMENT RESUME

ED 305 685 CS 506 591

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TITLE The Effects of Delivery Skills Instruction on Speech Anxiety.
PUB DATE Apr 89
NOTE 24p.; Paper presented at the Annual Meeting of the Central States Communication Association (Kansas City, MO, April 13-16, 1989).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Communication Apprehension; Communication Problems; Communication Research; *Communication Skills; Higher Education; Multiple Regression Analysis; Speech Communication; *Speech Instruction
IDENTIFIERS Personal Report of Public Speaking Apprehension

ABSTRACT

A study tested a delivery skills method of instruction for reducing public speaking anxiety. Subjects were 59 male and 71 female undergraduates (ranging in age from 17-49) enrolled in a basic public speaking course at a midwestern university during the 1986-87 academic year. The Personal Report of Public Speaking Apprehension (PRPSA) which measures exclusively public speaking anxiety was administered the first week of the semester, three weeks prior to the first required speech--the informative speech. The PRPSA also was administered the last week of the course. Two treatment conditions were defined in testing the hypotheses: (1) specific delivery instruction in which subjects received specific prior instruction in three class sessions, discussing the role of delivery in public speaking and learning various methods of delivery including similar verbal and non-verbal elements; and (2) general delivery instruction which consisted of a brief introduction to the role of delivery in effective public speaking with limited attention given to the basic elements of rate and volume and a reminder to students that their first speech should be extemporaneously delivered. Results indicated that anxiety level decreased when delivery instruction was provided to high apprehensives prior to their first graded speech in a basic public speaking course. However, learning for speech-anxious subjects may be influenced by an instructor's ability to create a safe and supportive environment. Findings support the value of testing various methods of structuring the speaking experiences of apprehensive students. (Three tables of data are included, and 30 references are attached.) (RAE)

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THE EFFECTS OF DELIVERY SKILLS INSTRUCTION ON SPEECH ANXIETY

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SECOND TOP THREE

Paper Presented at the
CENTRAL STATES COMMUNICATION ASSOCIATION

April 1989
Kansas City, Missouri

SPONSOR: Communication Education Division

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Abstract

A delivery skills method of instruction for reducing public speaking anxiety was tested. Results indicated that anxiety level decreased when delivery instruction was provided to high apprehensives prior to their first graded speech in a basic public speaking course. Results are interpreted within a task difficulty perspective and additional research directions are offered for testing the effectiveness of the perspective.

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THE EFFECTS OF DELIVERY SKILLS

INSTRUCTION ON SPEECH ANXIETY

Educators have long recognized the importance of creating learning environments conducive to helping students feel less anxious when developing their public speaking skills in the classroom. Research in communication education has recently examined several instructional methods for coping with speech anxiety in the classroom. For instance, Lake and Adams (1984) report that videotaping of speeches does not elevate anxiety level of students while Ayres and Hopf (1985) have shown that having students visualizing themselves presenting an effective speech does decrease anxiety level. Still other research shows that anxiety is moderated by a combination of cognitive and behavioral techniques, one of which involves small group exercises prior to the presentation of classroom speeches (Connell & Borden, 1987) while another study (Littlefield & Sellnow, 1987) found that a "shared-feelings" speech in which students present a personal experience to the class in the form of a speech is not superior to a research-oriented speech in reducing anxiety early in the semester.

The literature of psychology further demonstrates that anxiety reduction of public speaking is effectively moderated by both cognitive modification and systematic desensitization treatment methods. For example, cognitive modification has been found to reduce anxiety better than placebo treatments or control groups receiving no treatment (Weissberg, 1977; Trexler & Karst, 1972; Karst & Trexler, 1970).

When compared with other anxiety-reduction treatments, cognitive modification has been found to work as well as although not better than speech skills training (Fremouw & Zitter, 1975) and fixed-role therapy (Karst & Trexler, 1970). On the other hand, one study suggests that cognitive modification is less effective than systematic desensitization in reducing speech anxiety associated with public speaking (Paul & Shannon, 1966) while another study suggests that cognitive modification is effective only in combination with desensitization (Weissberg & Lamb, 1977). At least one study, however, reports that cognitive modification appears to work equally well within both a group insight and a group desensitization setting (Meichenbaum, Gilmore, & Fedoravicius, 1971).

While research has tested various methods of reducing public speaking anxiety, little research is available to confirm the effectiveness of speech skills training in moderating anxiety in the classroom. A small body of research, however, has examined the impact of skills training (Fremouw & Zitter, 1978; Weissberg & Lamb, 1977) and has shown that a combination of organizational and delivery skills training provides effective treatment for public speaking anxiety. On the other hand, one study (Worthington and Others, 1981) shows that skills training is only effective in reducing anxiety when offered in combination with coping skills training.[1]

Although research in skills training is sparse, other research shows that delivery skills is a concern to students who are apprehensive about public speaking. Neer and his colleagues (Neer, Hudson, & Warren, 1982; Neer & Kircher, 1984) have shown that students who are

highly apprehensive about public speaking recommend several instructional practices to their instructors for reducing their anxiety, including waiting until after the first required speech to discuss delivery and provide training in delivery mechanics. These studies suggest that apprehensive speakers view delivery mechanics as a possible source of their anxiety and that they perceive initial, non-technical experience as a means of gaining confidence in their speaking ability.

Research offers a rationale for proceeding from the basic to the more technical or difficult speaking assignment. For instance, Barnes (1976) has shown that apprehensives are often "traumatized" by public speaking and some students may leave the course more apprehensive about speaking. McCroskey, Ralph, and Barrick (1970) further report that some apprehensives become so anxious about speaking they drop their required speech course before the first speaking assignment. Apprehensives who do not drop their required public speaking course also seem to do less well on both written examinations (Scott & Wheeless, 1977) and their final speech performance (Gadke, 1981).

Given the potential impact of a public speaking course on high apprehensive students, it will come as no surprise that effective classroom instruction in public speaking may be enhanced by creating a comfortable and supportive environment, as Adler (1980) and Kougl (1980) have advocated. Thus, this study attempted to create a less-threatening learning experience by structuring delivery skills instruction both before and after the first required speech as a test of the effects of delivery training on speech performance. Two hypotheses were developed to test the effects of delivery skills training. The first hypothesis asserts that apprehensives

will focus more attention on delivery when training is provided prior to the first speech and will therefore experience more anxiety and concern about their speaking ability. The second hypothesis suggests that prior instruction, because it does not allow for non-graded practice before having to use delivery skills in a graded speech, will impact negatively on speech grades that apprehensives receive which, in turn, will make them more anxious. On the other hand, apprehensives receiving delayed instruction are hypothesized to experience less anxiety both prior to and after speaking since delivery will not function as a secondary source of anxiety-arousal.

H1. Apprehensives receiving specific prior instruction will: (A) experience greater concern and worry about delivery, (B) rate their performance less favorably, and (C) express more difficulty with executing delivery mechanics than apprehensives receiving delayed instruction.

H2. Apprehensives receiving prior instruction will (A) score lower speech grades, and (B) report less anxiety-change than apprehensives receiving delayed instruction.

METHOD

Subjects

Subjects were 59 male and 71 female undergraduates enrolled in a basic public speaking course at a midwestern university during the 1986-1987 academic year. The course serves as either a specific requirement or a humanities core requirement for arts & sciences majors as well as students enrolled in the professional schools. Thus, over half the

enrollment comes from academic fields other than communication. Subjects ranged in age from 17 through 49 with 80 percent under 23 and half under 20 years of age.

Measurement and Treatment

The Personal Report of Public Speaking Apprehension (PRPSA) which measures exclusively public speaking anxiety was selected (McCroskey, 1970; McCroskey & Richmond, 1982). The PRPSA was administered the first week of the semester (Cronbach's alpha = .91), three weeks prior to the first required speech--the informative speech. The PRPSA also was administered the last week of the course (Cronbach's alpha = .93) to assess change in apprehension. The dependent measures were administered to subjects the same class session they presented the informative speech.

Two treatment conditions were defined in testing the hypotheses:

(1) Specific delivery instruction: subjects receiving specific prior instruction spent nearly three class sessions discussing the role of delivery in public speaking, learning various methods of delivery including similar verbal and non-verbal elements tested in other studies (i.e., eye contact, pausing, inflection and emphasis, vocal projection, hand and facial gestures, rate, articulation, and posture. The only activity not completed in the specific treatment was oral exercises in which delivery was practiced in class; however, videotaped models were presented and critiqued by the class.

(2) General delivery instruction: The general condition of instruction consisted of a brief introduction to the role of delivery in effective public speaking with limited attention given to the basic elements of rate and volume as well as reminding students that their first speech

should be extemporaneously delivered. Less than one class session was devoted to the discussion of delivery.

All subjects received both specific and general instruction; thus, the only manipulation was when they received each -- either prior to or delayed until after the first speech [2] Sixty-two students received the prior treatment and sixty-seven the delayed treatment. Delivery instruction was administered by the same instructor in order to control for instructor effects; we therefore cannot rule out the instructor as a possible mediator fo the effectiveness of delivery instruction [3]

Instrumentation

Questionnaire data included two attitudinal sets measured on five-point Likert-type scales. The first set assessed attitudes toward delivery (e.g., paid attention to delivery mechanics while speaking, concerned with how class viewed me while speaking, delivery should be discussed ingreater detail, and less emphasis should be placed on delivery) while the second set measured overall feelings of confidence as a result of speaking (e.g., feel more confident about next speech and felt nervous practicing the speech). The measures were selected in order to determine whether instructional emphasis on delivery would heighten performance anxiety.

Subjects also rated perceived delivery difficulty with a checklist of ten elements (i.e., rate, pausing, eye contact, hand and facial gestures, articulation, conversational tone, volume, emphasis, and posture) from which they were instructed to check "none" or "up to five" as being the most difficult to execute. These measures were included

in order to determine whether delivery skills were perceived as being more difficult by apprehensives. As Fremouw and Zitter (1978) suggest, research should establish which skills increase anxiety and decrease performance for anxious speakers.

The final dependent measure included speech scores on each of three speeches: speech to inform, persuade and entertain, and change in anxiety (i.e., pre-PRPSA minus post-PRPSA). In addition to testing the effects of apprehension and delivery instruction, subject sex also was tested as a potential mediator in light of previous research reporting on gender differences in apprehension.[4]

Data Analysis

Tests of hypotheses included multiple analysis of variance (MANOVA) for attitudinal measures and analysis of variance for speech and anxiety-change scores. Chi-square was selected to determine significant differences with the nominally-based delivery measures. In addition, multiple regression was conducted with speech scores and anxiety-change.

RESULTS

PRPSA raw scores were classified into three ranges of low, moderate, and high apprehension based on mean deviates; however, interaction of apprehension with delivery instruction (DI) resulted in N's of less than 10 for three of six cells. Apprehension raw scores were then recast at the median split when testing for interaction effects.

Hypothesis 1a predicted that high apprehensives would experience greater concern and worry when receiving prior instruction. The hypothesis was rejected. Significant differences were not observed regardless

when apprehensives received instruction. However, main effects MANOVA (Wilks = .795, F = 1.78, df = 16.236, p = .03) for apprehension revealed that high apprehensives did pay closer attention to delivery mechanics while speaking (F = 4.19, df = 2.125, p = .02; Low = 3.25, Moderate = 2.73, High = 2.69) while holding that one of the primary causes for being nervous was associated with having to use delivery techniques while speaking (F = 4.25, df = 2.125, p = .02; Low = 2.75, Moderate = 2.91, High = 3.45). Main effects MANOVA was not observed with delivery instruction.

Hypothesis 1b predicted that high apprehensives receiving prior instruction would rate their actual speech performance less favorably than high apprehensives receiving delayed instruction. This hypothesis also was rejected; MANOVA interaction effects were declared non-significant although main effects for apprehension (Wilks = .810, F = 3.35, df = 8.242, p = .001) yielded significance with two measures: high apprehensives felt nervous rehearsing their speech (F = 8.14, df = 2.124, p = .001; Low = 2.43, Moderate = 2.90, High = 3.57) and felt less confident about their upcoming persuasive speech (F = 4.21, df = 2.124, p = .02; Low = 4.09, Moderate = 3.72, High = 3.33) Main effects MANOVA was not observed with delivery instruction.

Hypothesis 1c predicted that high apprehensives would experience greater difficulty with delivery mechanics when provided with prior instruction. While high apprehensives reported that pauses, eye contact, and articulation were difficult to execute, predicted differences were not observed between apprehension and delivery instruction. Instead, high apprehensives were less, rather than more, likely to express

difficulty with hand gestures (X^2 = 11.01, 3df, Cramer's V = .29, p = .02; HA x PI = 18%, HA x DI = 53%) when receiving prior instruction. No other differences were observed with delivery measures. Delivery instruction failed to yield significance with any delivery measure.

Hypothesis 2a predicted that high apprehensives receiving prior instruction would score lower on each of the three speeches than apprehensives receiving delayed instruction. The hypothesis was rejected; all groups reported similar scores on all three speeches, although high apprehensives did score lower on the entertainment speech (F = 4.18, df = 2.123, p = .02; Low 45.86, Moderate = 44.80, High = 44.23). On the other hand, the effects of the method is evidenced in anxiety-change scores, although opposite those predicted in hypothesis 2b. That is, apprehensives receiving prior instruction reported a larger change than all other groups (See Table 1). Main effects also was observed with apprehension (F = 3.95, df = 2.125, p = .02, Low = 2.66, Moderate = 8.14, High = 13.82). These differences may be expected since high apprehensives, by virtue of reporting higher pre-PRPSA scores also had greater scoring latitude for lowering their anxiety-level. Yet, what is not expected is the larger anxiety-change on the PRPSA between high apprehensives receiving prior or delayed instruction.

Multiple regression was next conducted with speech and anxiety-change so that the effects of raw score data could be determined once the range levels were removed from apprehension. The first set of analyses involved treating apprehension and dummy-coded delivery instruction as predictors and speech and anxiety-change as criterion variables. Regression resulted in a single equation for apprehension with both the persuasive

(r^2 = .03) and entertainment (r^2 = .06) speeches while regression for anxiety-change yielded significant equations for both apprehension (r^2 = .116) and delivery instruction (r^2 change = .02). Since the predictors accounted for a small portion of the explained variance in the dependent measures, speech scores were entered as predictors. The decision to enter speech scores was based on the assumption that entertainment speech scores may be influenced by informative and persuasive speech scores and anxiety-change by all three speech scores. The regression hypothesis test method was therefore selected.

The persuasive speech yielded a multiple correlation of .49 (F = 9.76, df = 3.124, p = .0000) with the informative speech functioning as the only significant predictor (F = 30.48, p = .0000, r = .43) while delivery instruction (F = 3.25, p = .07, r = -.07) and apprehension x delivery instruction (F = 2.87, p = .09, r = .04) each approached significance. When the entertainment speech was defined as the criterion, the multiple correlation was .61 (F = 14.45, df = 5.123, p = .0000) with all predictors but apprehension functioning as significant predictors : (1) information speech (F = 26.99, p = .0000, r = .52), (2) persuasive speech (F = 8.83, p = .003, r = .36), (3) apprehension x delivery instruction (F = 6.64, p = .001, r = -.14), and (4) delivery instruction (F = 5.54, p = .02, r = -.04). And finally, multiple correlation for anxiety-change was .43 (F = 4.55, df = 6.120, p = .0003) with only three predictors yielding significance. These results are reported in Table 2 because they demonstrate that while speech scores functioned as better predictors of other speech scores, only the test variables affected anxiety-change. Furthermore, the effect of

speaking experience is cumulative in the prediction of persuasive and entertainment speech scores: informative scores predict persuasive scores while each also predicts entertainment scores. Table 3 reports the correlation matrix among anxiety and speech scores in order to provide a profile of their interaction. As the table of correlations indicates, initial anxiety and anxiety-change are not strongly correlated, thus revealing that initial anxiety level is moderated by speaking experience.

DISCUSSION

Findings in this study demonstrated that delivery instruction functions as a mediator of public speaking anxiety. The major finding was that prior delivery instruction does not heighten concern and worry about performance or influence actual scoring performance although it does result in lowered anxiety at the conclusion of the course.

The effectiveness of delivery instruction in moderating anxiety warrants several qualifications. The strongest qualification rests with inability to test instructor effects in interaction with delivery instruction. Since instruction was administered by the same instructor, the unique characteristics of individual instructors cannot be ruled out as a mediating factor in this study. The recent body of accumulated research in teacher communication competence strongly suggests taht the quality of instruction is difficult to separate from the provider of instruction, especially in establishing the affective domain of learning (see for example: Plax, Kearney,

McCroskey, & Richmond, 1986; Rubin & Feezel, 1986). Thus, learning for speech-anxious students may be influenced by an instructor's ability to create a safe and supportive learning environment.

Despite this limitation, delivery instruction is a significant predictor of anxiety-reduction. More importantly, as McCroskey has stated several times, speech performance should not be required until the predispositional and situational factors contributing to anxiety are understood. Delivery instruction is one such situational factor. Recent evidence has been reported regarding the perceived difficulty that speech-anxiety speakers associate with delivery skills. For instance, in a study by Miller (1987) high apprehensives were found to rate several delivery skills as difficult to execute, including many of the same which were tested in this study. Thus, the delivery instructional method tested in this study provides public speaking instructors with a means of addressing situation-specific factors increasing anxiety.

A second qualification rests with the ability of speaking experience to better predict subsequent speech scores better than either apprehension or delivery instruction. We caution against concluding that speaking experience alone is the best remedy for public speaking anxiety given the accumulated body of research on the effects of the basic course on high apprehensives cited earlier along with the finding in this study that initial apprehension level functions as a better mediator of anxiety-change than speaking experience. Thus, while speaking experience is essential to reducing anxiety because it functions as a direct source of confirmatory

feedback for students, delivery instruction provides one method through which speaking experience may be effectively structured.

While this study has shown that prior instruction is more effective than delayed instruction in reducing anxiety, it has not answered the larger question of the effects of task structure on speech performance, although it does not affect the performance of low apprehensives, as Booth-Butterfield (1986) has forewarned. Yet, we have not shown that pre-performance task difficulty affects speech performance since we did not include behavioral rehearsal within our delivery instruction manipulation. We chose to deemphasize rehearsal in light of Daly and Lawrence's (1985) argument that apprehensives often focus on internal factors which heighten anxiety rather than focusing on audience characteristics that might enhance their performance. As Daly and Buss (1984) further suggest, elements within communication situations, such as lack of knowledge and task difficulty may affect performance. Thus, in this study knowledge was ensured through three class sessions of instruction while task difficulty was minimized by not requiring students to engage in behavioral rehearsal.

With these qualifications in mind, findings reported in this study offer support for the value of testing various methods of structuring the speaking experiences of apprehensive students. We therefore encourage others to test additional methods of delivery instruction. In particular, studies which manipulate behavioral rehearsal both prior to and after an initial required speech in interaction with both specific and general instruction are needed as direct tests before it may be concluded that minimizing task difficulty reduces anxiety and does so without

affecting performance.

Until these issues are addressed, a graduated task difficulty approach cannot be assumed to be conventional wisdom. In fact, the opposite conclusion is equally attractive; that is, a learning environment which is free of any anxiety producing stimuli may inhibit rather than facilitate the public speaking competence of high apprehensives. For instance, Neer and Hudson (1981) found that apprehensives felt more comfortable learning class discussion techniques within a small group of students yet felt greater satisfaction with their performance when the same techniques were practiced before the entire class. Thus, a graduated task difficulty approach should not diminish students' appreciation of the challenge of effective speech-making but instead should be viewed as a means of minimizing situational factors contributing to anxiety without removing motivation to perform.

Phillips (1982) recent suggestion that speech teachers "have methods to overcome a great many problems humans are experiencing" (p.183) seems an appropriately-timed call in light of accumulated research in apprehension treatment. However, his call to develop a compendia of strategies tested under real-life classroom conditions will require that we understand which of our methods work the best and why some work better than others.

Footnotes

[1]Skills training in these studies has ranged from outlining and organizational exercises to practicing speeches aloud as well as practicing nonverbal elements of delivery such as rate, pausing, gesturing, and eye contact.

[2]Booth-Butterfield (1986) has forewarned that low apprehensives may communicate less competently under highly-structured situations; thus, task difficulty was controlled by structuring the same instruction for all students and one that would not interfere with the course in any other way than the time at which the manipulation was administered.

[3]One instructor was selected to ensure adequate sample sizes appropriate for analyses; while other instructors were available, none instruct multiple sections on a regular basis, thus rendering comparisons among instructors inappropriate.

[4]Gender was tested along with apprehension and delivery instruction but failed to yield many findings of significance including speech and anxiety-change scores and thus will not be reported.

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Table 1

Effects of Apprehension and Delivery Instruction on Anxiety-Change

Source	N	SS	MS	Means[1]	F
Apprehension (CA)		989.45	989.45		2.26**
Low (L)	64			8.14	
High (H)	65			13.82	
Delivery Instruction (DI)		315.90	315.90		1.20
Prior (P)	62			10.06	
Delayed (D)	67			6.55	
CA x DI:		1648.44	1648.44		6.30*
L x P	28			3.61 (a)	
H x P	36			15.75 (b)	
L x D	34			7.38 (c)	
H x D	31			5.16 (d)	

*p = .01

**p = .05

[1]Means represent difference scores between pre- and post measurement. Pre-anxiety means for each group were: (a) 86.06, (b) 129.61, (c) 83.98, (d) 126.31

Table 2

Predictors of Anxiety-Change

Predictor	df	R^2change	F	P
Apprehension (CA)	1	.097	14.35	.0002
Delivery Instruction (DI)	1	.047	7.02	.009
CA x DI	1	.054	7.98	.005
Informative Speech (I)	1	.008	1.18	.278
Persuasive Speech (P)	1	.000	.00	.946
Entertainment Speech (E)	1	.007	1.14	.286
I x P x E	3	.034	1.70	.170

Table 3

Intracorrelations among speech and anxiety scores

	I	P	E	CA	AC
Informative Speech (I)	-	.42	.52	.01	.17
Persuasive Speech (P)		-	.36	.21	.11
Entertainment Speech (E)			-	-.15	.19
Apprehension (CA)				-	.27
Anxiety-Change (AC)					-